



Public Health Bulletin

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Recommendations for Pregnant and Postpartum Women

Available evidence does not address the safety of Tdap for pregnant women, their fetuses, or pregnancy outcomes sufficiently. Available data also do not indicate whether Tdap-induced transplacental maternal antibodies provide early protection against pertussis to infants or interfere with an infant's immune responses to routinely administered pediatric vaccines.

Until more is known, CDC's Advisory Committee on Immunization Practices recommends that pregnant women who were not vaccinated previously with Tdap:

- 1) Receive Tdap in the immediate postpartum period before discharge from hospital or birthing center,
- 2) May receive Tdap at an interval as short as two years since the most recent Td vaccine,
- 3) Receive Td during pregnancy for tetanus and diphtheria protection when indicated, or
- 4) Defer the Td vaccine indicated during pregnancy to substitute Tdap vaccine in the immediate postpartum period if the woman is likely to have sufficient protection against tetanus and diphtheria.

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Health Officer's Tips for Having A Safe and Healthy Summer

Summertime is here, and the living is easy! But, be aware of all the creatures and bugs around you. **Valley Fever** is in the soil and can be stirred up by high winds or construction activities.

West Nile is caused by mosquitoes and the first human case for 2008 has been reported in California.

Squirrels – don't feed the squirrels (they can carry rabies or plague).

Bats – don't touch sick or supposedly dead bats (they can carry rabies).

Lyme Disease is also prevalent in California and is carried by ticks. General and clinical information is located at www.slocounty.ca.gov/health.htm (Public Health/Communicable Disease Control and Prevention).

Foodborne Illnesses

As the temperature rises, so does the risk of food-borne illness. Summer also means more people are cooking outside on camping trips, without easy access to refrigeration and washing facilities to

keep food safe. To minimize the risks of food-borne illness, follow these four easy steps when handling foods:

Step One – Clean

Wash hands and surfaces often to avoid the spread of bacteria.

Step Two – Separate

Keep raw meats and poultry separate from cooked foods. When you pack a cooler for an outing, wrap uncooked meats and poultry securely. Wash all plates, utensils, and cutting boards that touched or held raw meat or poultry.

Step Three – Cook

Make sure you kill harmful bacteria by properly cooking food.

Step Four – Chill

Keep cold food cold. Perishable foods that are normally in the refrigerator must be kept in an insulated cooler with freezer packs or blocks of ice. Put leftovers back in the cooler as soon as you are finished eating. The simple rule is when in doubt, throw it out.

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HIV Testing in Medical Settings

Assembly Bill (AB) 682, a new California law, allows for HIV testing unless the patient declines (opt-out testing).

As of January 1, 2008, opt-out HIV testing, without counseling, is permitted in medical settings. The law requires providers inform patients prior to ordering a test that:

- HIV testing is planned.
- Information about the test will be provided.
- Information about treatment options and further testing needs will be given.
- The patient has the right to decline the test. Should the patient decline the test, the medical provider must note that fact in the patient's medical file.

Prior to AB 682, California law required physicians to obtain a patient's informed consent before giving an HIV test.

AB 682 repealed that language because specific informed consent proved to be a barrier to routine screening for HIV.

The new law requires only certain information be provided to a patient before a medical care provider orders an HIV test.

Medical care providers may provide more information to the patient as they deem appropriate.

Immunization Broadcast

A three-hour CDC immunization broadcast update will be held on August 28. For more information and to RSVP by August 25, call Liz at 781-5500 or e-mail her at esandoval@co.slo.ca.us.

Tobacco Control Program Set to Move to New Health Campus in San Luis Obispo

At the end of August, the San Luis Obispo County Public Health, Tobacco Control Program (TCP) will move to the new Health Campus at the corner of Johnson Avenue and Bishop Street in San Luis Obispo. The phone number (805-781-5564) and fax number (805-781-1235) will remain the same.

The TCP provides free stop smoking and chew support groups and individual counseling to all residents of San Luis Obispo County. The behavior modification program is approved for Medi-Cal and Medicare recipients who are eligible to receive nicotine replacement therapies. In addition, the Baby's First Breath program specializes in services for pregnant women and parents of children ages 0-5.

Health Professionals Sought for County Medical Volunteer Program

The San Luis Obispo County Public Health Department is looking for help in the event of a disaster, natural or otherwise. We are looking for current and former members of the medical community to respond and assist the local emergency responders and public health professionals in San Luis Obispo County. The program is called the San Luis Obispo County Medical Volunteer Program (SLOMVP).

The SLOMVP provides an organized group for health care professionals to volunteer and use their valuable expertise in times of need. It prepares volunteers for emergency response roles in advance of a disaster, fulfills staffing needs critical to successful management of large-scale emergencies, and offers ongoing training and networking opportunities for members.

We are looking for:

- | | |
|---------------------------|-------------------------------|
| • Physicians | • Veterinarians |
| • Physician Assistants | • Paramedics and EMTs |
| • Nurses | • Mental Health Professionals |
| • Psychiatric Technicians | • Nurse Practitioners |
| • Dentists | • Respiratory Therapists |
| • Pharmacists | • Pharmacy Technicians |

To learn more about the volunteer orientation planned for September 2008 or about the SLOMVP contact:

American Red Cross: San Luis Obispo County Chapter
225 Prado Road Suite A

San Luis Obispo, CA 93401

543-0696 (Ask to speak with the Disaster Volunteer Coordinator)

www.slo-redcross.org

Recommendations for Pregnant Women (continued)

Although pregnancy is not a contraindication for receiving Tdap vaccine, health-care providers should weigh the theoretical risks and benefits before choosing to administer Tdap vaccine to a pregnant woman.

Infantile Pertussis

Infants aged <12 months typically have the most severe pertussis, often requiring hospitalization for respiratory or other complica-

tions (8, 45–49). The risk for pertussis death or severe pertussis is highest among infants in the first 6 months of life and remains elevated until infants have received 1–2 doses of pediatric DTaP (8, 50, 51). During 2000–2006, the average annual incidence of pertussis among infants age <6 months was 111 cases per 100,000 population; for infants age 6–11 months, incidence was 19 cases per 100,000 population (CDC, unpublished

data, 2007).

Since the 1970s, parents, especially mothers, have been identified as the most important source of infant pertussis; however, a source has been identified in only 30–60% of cases investigated (5–7, 34, 38, 42, 48, 59–68). One or more household contact with pertussis is the source of pertussis in approximately 75% of cases among infants age <6 months for whom the source is identified.

Update on Measles Cases in the United States in 2008

From January 1–April 25, 2008, 64 preliminary confirmed measles cases were reported from the following areas: New York City (22 cases), Arizona (15), California (12), Michigan and Wisconsin (4 each), Hawaii (3), and Illinois, New York state, Pennsylvania, and Virginia (1 each). Patients ranged in age from 5 months to 71 years; 14 patients were age <12 months, 18 were age 1–4 years, 11 were age 5–19 years, 18 were age 20–49 years, and 3 were age >50 years,

including one U.S. resident born before 1957. Fourteen (22%) patients were hospitalized; no deaths were reported.

Transmission occurred in both health care and community settings. One of the 44 patients for whom transmission setting was known was an unvaccinated health care worker who was infected in a hospital. Seventeen (39%) were infected while visiting a health care facility, including a child age 12 months who was exposed in a

doctor's office when receiving a routine dose of measles, mumps, and rubella (MMR) vaccine.

Many measles cases in children in 2008 have occurred among children whose parents claimed exemption from vaccination because of religious or personal beliefs and in infants too young to be vaccinated. Children should have two doses of the MMR vaccine. The San Luis Obispo County Public Health Department offers the MMR vaccine for a \$25 fee to children and adults.

Varicella (Chickenpox) Vaccine Recommendations

Recommendations for Children

- Routine vaccination at 12–15 months of age
- Routine second dose at 4–6 years of age
- Minimum interval between doses of vaccine for children younger than 13 years old is 3 months

Recommendations for Adolescents and Adults

- All persons 13 years of age and older without evidence of varicella immunity
- Two doses separated by at least 4 weeks
- Do not repeat first dose because of extended interval between doses

Recommendations for Health Care Personnel

- Recommended for all susceptible health care personnel
- Prevacination serologic screening is probably cost-effective
- Postvaccination testing not necessary or recommended

San Luis Obispo County Reported Cases of Selected Communicable Diseases - Summer 2008

Disease	Jan. - Mar.	April	May	June	Total 2008	Total 2007
AIDS/HIV	1/5	1/0	0/0	0/4	2/9	9/27
Amebiasis	0	0	0	1	1	0
Brucellosis	0	0	0	0	0	0
Campylobacteriosis	3	2	3	6	14	49
Chlamydial Infections	170	32	67	56	325	629
Coccidioidomycosis	17	6	5	10	38	113
Cryptosporidiosis	0	0	1	3	4	18
E. Coli	0	1	2	2	5	4
Giardiasis	1	0	0	0	1	7
Gonorrhea	14	2	1	4	21	48
Hepatitis A	3	0	2	5	10	2
Hepatitis B	11	3	2	6	22	28
Hepatitis C Acute	0	0	0	2	2	3
Hepatitis C Chronic	119	31	145	255	550	366
Hepatitis, Unspecified	0	0	0	0	0	0
Listeriosis	0	0	0	0	0	0
Measles (Rubeola)	0	0	0	0	0	0
Meningitis - Total	5	2	3	1	11	9
Meningitis - Viral	3	2	3	0	8	17
Meningitis, H-Flu	0	0	0	0	0	1
Meningococcal Disease	0	0	0	0	0	0
MRSA	0	0	1	1	2	UNK
Pertussis	2	4	2	3	11	16
Rubella	0	0	0	0	0	0
Salmonellosis	5	1	1	1	8	26
Shigellosis	0	0	1	0	1	4
Syphilis - Total	6	3	13	3	25	16
Tuberculosis	0	0	0	0	0	2
West Nile Fever	0	0	0	0	0	0
W. Nile Virus Neuroinvasive	0	0	0	0	0	0



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